

TO: Emergency Shelter Providers

FROM: Cortne O'Neill, Section Manager

THROUGH: Rich Adams, Deputy Director

DATE: December 5, 2005

SUBJECT: 2006 – 2008 Emergency Shelter Grant Application for Funding

We are pleased to provide the Emergency Shelter Grant Application for funding packet (AFF).

Every two years, the State awards funds to agencies statewide that provide Emergency Shelter services including transitional housing for those who are homeless. These are federal funds through HUD that the State allocates and oversees.

Before your submission, please note the following:

1. This will be a 2-year grant period.
2. The applications format has been updated. Please read and answer each question carefully.
3. All sections must be fully completed.
4. The review process this year has changed. DFR and IHCD are coordinating the 2006-2006 ESG application and review process in anticipation of the transfer of ESG to IHCD. IHCD is utilizing a formula allocation method to make funding decisions. Enclosed in this packet is detailed information on the review. If you have any questions on the review process, please contact Lisa Coffman at (317) 232-7777, (800) 872-0371 or lcoffman@ihcda.in.gov
5. **Pages are to be sequentially numbered. General Information Section is to be tabbed. Proposals are to be submitted in a pocket folder, with one side for the General Information Section and one for the Program Narrative Section. Please write the name of the Shelter on the front cover of the folder. Please do not submit any three ring binders.**
6. Please read the Service Description section. This service description details the services that ESG provides and an agency must provide them in order to apply for funding.
7. In order to ensure statewide access and the most efficient distribution of the funds, IHCD reserves the right to award less funds than requested on an application.

8. ESG funds will only be awarded to organizations that provide service and/or shelter for the homeless. This includes day shelters.
9. The applicant's name must match the name of the Secretary of State's Certificate of Existence record for this application.
10. All funded programs are **required** to have Internet access. This will facilitate the mandatory reporting of statistics and demographics to federal funding sources. Please be sure to list your e-mail address for the shelter director on the information page.

The application deadline is: **February 8, 2006**. AFF's received after 4:30 p.m. on that date, faxed proposals, or incomplete submissions will NOT be considered.

Please submit one original application and one copy to the attention of:

Indiana Housing and Community Development
Attn: Special Needs
30 South Meridian, Suite 1000
Indianapolis, IN 46204

Questions regarding the application for funds should contact Lori Dimick by e-mail lori.dimick@fssa.in.gov. She will respond to the question by e-mailing the answer to all of the applicants.

**FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY RESOURCES
Housing and Community Services Section**

EMERGENCY SHELTER PROGRAM

**FY 2007 and FY 2008
APPLICATION FOR FUNDS**

Contact Information

Lori Dimick
Emergency Shelter Grant Specialist
402 West Washington Street, PO Box 6116
Indianapolis, Indiana 46206
317-232-7117
1-800-622-4973, ext. 7117
ldimick@fssa.state.in.us

ESG Website:
<http://www.in.gov/fssa/families/housing/index.html>

Emergency Shelter Grant

Application Review Process

For the 2006-2008 Emergency Shelter Grant application review process, the Indiana Housing and Community Development Authority (IHCDA) will utilize a formula allocation method to determine distribution of funds.

IHCDA will weigh the following factors in each continuum of care region:

- The number of available shelter beds;
- The number of persons served from the previous year,
- The number of people identified in the most recent homeless count.

We will obtain that information from a variety of sources including the Indiana Coalition on Housing and Homeless Issues, Family and Social Services Administration – Division of Family Resources (DFR) ESG reports and recent Exhibit 1 sections from Balance of State and Entitlement Communities' last application for HUD SuperNOFA funding.

The weighted factors will then be analyzed to determine the ratio of need for each continuum of care region. For example, if it is determined that region 2 has 13% of the need determined by the weighed factors, and then region 2 would receive 13% of the available amount of ESG funds. We will fund multiple shelters in a continuum of care region up to the maximum allocated amount.

We will give preference to agencies that are currently receiving ESG funding through DFR, are in good standing and in compliance with all ESG regulations and DFR policies and procedures. In order to evaluate current recipients, in addition to the application materials submitted for funding, we will request the following items from DFR:

- 2005 Monthly Performance Reports
- Semi-Annual Report
- Final Year-End report
- Applicable monitoring reviews and related correspondence

If funding remains in a continuum of care region after evaluating current recipients and allocating funding, new applications for ESG will be evaluated by their capacity to provide unduplicated services, the level of unmet need they have demonstrated they will meet and their ability to move homeless persons through the continuum of care.

GENERAL INFORMATION SECTION

PLEASE ATTACH THE FOLLOWING INFORMATION.

- W-9 – Taxpayer Identification Number
- Automatic Direct Deposit Authorization Agreement- Require Direct Deposit for all
- FSSA Provider Data Form
- Application for Funds Form
- ESG Service Description Form
- Overall description of agency – A description of your agency that should provide a reviewer with a clear, concise overview of your organization. By reading this description, a reviewer should understand the purpose of your agency, mission, goals, major programs, projects and accomplishments, certifications, services provided, targeted population served, etc. (Not to exceed one page)
- History of agency (Not to exceed one page)
- List of **current** board members (Form enclosed)
- **Current** agency organization chart
- Articles of Incorporation
- Secretary of State Certificate of Existence (Must be the most recent)
- Agency Rules and Termination Policy for residential clients.
- Copy of **current** fire inspection and health department inspection. (If your fire inspector or health inspector say you don't need one, you are required to attach a letter from them stating that you don't need an inspection)
- 3 **current** Letters of Support or Memoranda of Understanding: One from the local Office of Division of Family and Children (DFC). *(If servicing three (3) or more counties, please attach no less than three (3) DFC support letters)* Two letters or Memorandums of Understanding from social service providers (i.e., community action agencies, churches, hospitals, schools, mental health facilities, trustees, etc.)

CERTIFICATES OF INSURANCE AND BONDING

Attach a copy of the insurance declaration page indicating the current amount of coverage:

1. General Liability (minimum coverage: if your agency receives ESG funding the minimum is \$500,000.
2. Automobile Liability (must include non-owned vehicles)
3. Workers' Compensation and Unemployment Compensation
4. Bond or insurance coverage, in an amount equal to one-half (1/2) of the total annual funding provided by the State or \$250,000, whichever is less, for all persons who will be handling funds.
5. Coverage for losses due to fire, flood, and natural disasters.

TOTAL AGENCY BUDGET

Attach a copy of your organization's current budget. (Total agency).

FINANCIAL STATEMENTS

Attach a copy of your organization's most recently completed year-end financial statements. (annual or fiscal year-end, audited if applicable).

CERTIFICATION STATEMENT AND SIGNATURE: Please complete the enclosed form certifying that authority has been given for the agency to apply for funding. (Form enclosed).

FSSA PROVIDERS DATA FORM INSTRUCTIONS

The FSSA providers Data Form is used by the Claims Management System (CMS) and the Auditor's Office to insure data integrity for the issuance of checks and processing of claims.

The form is self-explanatory. We would like to call your attention to three areas, which deserve special attention.

EIN:

The "Provider's FID/EIN/SSN Line item must be correctly entered. Most agencies will have an EIN number that starts with 35-. It is important that this information be correct because FSSA pays all claims by referencing the EIN number. Your agency must be a non-profit agency in order to apply for funding.

Claims for reimbursements:

There will be 12 claims for each fiscal year that will be mailed out after the allocation of funding and the contract is signed.

Counties for which funding are requested:

These are the counties in which you actually provide services to clients and **NOT** the county of residence of the clients. If the agency, by formal agreement, authorization, or funding formula, provides services for other counties, other than the county where your physical structure is located, check those counties.

You may check "State-Wide" only if you truly provide services in the entire state. You will get one claim form for the State-Wide Services. State-Wide is **NOT** to be used to indicate the clients' county of residence.

Application for Funds
Division of Family Resources
Housing and Community Services Section
Term of State Contract July 1, 2006-June 30, 2008
(Required Information for all Applicants)

Agency's Legal Name:	Agency Mailing Address, including City/State/Zip:
Is agency's mailing address confidential? Yes No	Federal ID/Employer ID:
Agency CEO/Executive Director: Email:	Agency Program Director: Email:
Agency Physical Address, including City/State/Zip & County located: Is agency's physical address confidential? Yes No	Has this agency ever contracted with any of division of FSSA? (If yes, please specify which Division: Yes No
Telephone: () FAX: ()	Principal counties your program serves:
Please circle the most accurate description(s) of how the ESG funds will be utilized and your target homeless population : Emergency Shelter (Residential) Day Shelter (non residential) Transitional Housing Domestic Violence victims Substance Abuse Veterans Mental Health Youth (minors) Clinic All Homeless	How many Year Round Beds do you have? Family Beds: _____ Individual Beds: _____ Total _____ How many years operating? _____

ESG SERVICE DESCRIPTION:

EMERGENCY SHELTER GRANT – The program is designed to help improve the quality of existing emergency shelters for homeless people. It is to help meet the costs of operating shelters and for providing certain essential social services to homeless individuals and families. Homelessness is defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence. Thus, persons will have access not only to safe and sanitary shelter, but also to supportive services and other assistance needed to improve their lives. Further, the program is also intended to reduce the incidence of homelessness through the funding of prevention programs and activities. **100% match is required for this grant.**

7/1/06 - 6/30/07

ESG dollars requested: \$_____

ESG Match funds: \$_____

Total \$_____

7/1/07 – 6/30/08

ESG dollars requested \$_____

ESG Match funds: \$_____

Total \$_____

Where are you going to receive your match from? Circle the most likely match description(s). You can utilize more than one.

Cash: Contributions/Charity
Grants (non-federal)

In-Kind: Salary paid to staff
Value of time by volunteers
Value of any lease on a building
Value of any donated material or building

Other: (Specify)

FSSA Data Form

Insert Taxpayer Identification Number Request Form

Insert Direct Deposit Form

BOARD MEMBER INFORMATION
DUPLICATE FORM AS NECESSARY

ORGANIZATION: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									

BOARD MEMBER INFORMATION
DUPLICATE FORM AS NECESSARY

ORGANIZATION: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									
MEMBER: _____					POSITION: _____				
MAILING ADDRESS: _____									
TERM BEGAN: _____					TERM ENDS: _____				
COUNTY REPRESENTED: _____					PHONE: _____				
GROUP REPRESENTED: _____									

CERTIFICATIONS

Each applicant applying for funds must certify the agency's compliance with the following assurances and be prepared to provide written policies and procedures, where applicable, and upon request.

A. AUTHORITY OF APPLICANT AND ITS REPRESENTATIVE:

The authorized representative of the agency who signs the certifications and assurances affirms that both the applicant and its authorized representative have adequate authority under state and local law and internal rules of the applicant organization to:

1. Execute and return the application.
2. Execute and return the required certifications, assurances, and agreements on behalf of the applicant and,
3. Execute agreements on behalf of the applicant.
4. Understand that intentional falsification, concealment or cover up by any trick, scheme or devise of any information, charts, data, attachments, or materially false, fictitious or fraudulent statement or representation of any information, submitted by the applicant will permanently disqualify the applicant from applying for funds under this program's initiatives.

B. STANDARD ASSURANCES:

The applicant assures that the agency will comply with all applicable federal statutes, regulations, executive orders, circulars, and other federal administrative requirements in carrying out the grant.

The applicant acknowledges that it is under a continuing obligation to comply with the terms and conditions of the grant and recognizes that federal laws, regulations, policies and, administrative practices, might be modified from time-to-time and may affect the implementation of the project.

C. DEBARMENT OR SUSPENSION:

The applicant or principals have not been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction, or have not been terminated for cause or default.

D. DRUG FREE CERTIFICATION:

The applicant will publish, or has published, a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against the employees for violation of that prohibition.

Establish an ongoing drug-free awareness program to inform its employees about: (1) the dangers of drug abuse in its workplace; (2) the applicant's policy of maintaining a drug-free workplace; (3) any available drug counseling, rehabilitation, and employee assistance programs, and (4.) the penalties that may be imposed upon its employees for drug abuse violations occurring in the workplace.

Making it a requirement that each of its employees engaged in the performance of the grant be furnished a statement of the applicant's drug policy.

E. NON-DISCRIMINATION:

The applicant will comply with title vi of the 1964 civil rights act, as amended (42 u.s.c.§ 2000d et.seq.) the Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Americans with Disabilities Act (ADA), as amended, (42 U.S.C. § 12101 et seq.)

The Civil Rights Act generally requires that applicants assure that no person otherwise qualified, on the basis of race, color, national origin, creed, sex, or age will be excluded from participation in or be denied the benefits of, or otherwise discriminated against in any program, or activity conducted by the applicant.

The Rehabilitation Act and ADA generally require that any person otherwise qualified with a disability shall, not be excluded from participation in, or denied the benefits of, or otherwise subjected to discrimination, in any program, or activity receiving federal assistance, by reason of that disability.

F. AGE DISCRIMINATION ACT:

The 1975 Age Discrimination Act of, as amended, (42 U.S.C.§ 6101 et.seq.) provides that no person shall be excluded from participation, denied program benefits, or subjected to discrimination on the basis of age, under any program, or activity receiving federal funds.

G. EXECUTIVE ORDER (EO) 11246:

This EO, as amended, provides that no person shall be discriminated against, on the basis of race, color, religion, sex, or national origin, in any phase of employment during the performance of federal contracts in excess of \$10,000.

H. OMB CIRCULAR A-110 AS REVISED

Applicant certifies that the funding provided by the state through this agreement should not be used to provide voters and prospective voters with transportation to the polls or provide similar assistance in connection with any election or voter registration activity.

Positive efforts shall be made by applicants to utilize small businesses, minority firms, and women's business enterprises whenever possible. Recipients of federal awards shall take all of the following steps to further this goal:

1. Ensure that the small businesses, minority owned firms, and women's business enterprises are used to the fullest extent possible.
2. Make information on forthcoming opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small business, minority-owned firms, and women's business enterprises.
3. Consider, in the contract process, whether firms competing for contracts intend to subcontract with small businesses, minority owned firms, and women's business enterprises.

4. Encourage contracting with consortiums of small businesses, minority-owned firms, and women's business enterprises, when a contract is too large for one of these firms to handle individually.
5. Use the services and assistance, as appropriate, of such organizations as the federal Small Business Administration and the Indiana Department of Administration's minority business development division in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.
6. For more information about OMB Circular A-110: <http://www.whitehouse.gov/omb/>

I. ANTI-LOBBYING:

Pursuant to 31 U.S.C. § 1352, and any regulations promulgated thereunder, applicant hereby assures and certifies, to the best of his or her knowledge and belief, that no federally appropriated funds have been paid, or will be paid, by or on behalf of applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress, in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

J. RELIGIOUS ACTIVITIES:

Applicant agrees that activities conducted with funding obtained through this agreement shall be non-sectarian in nature and that religious activities shall not be included in any Activities to be conducted hereunder.

K. CONFLICT OF INTEREST:

Applicant specifically agrees to comply with applicable provisions of the Office Of Management and Budget Circulars A-110 and "The Common Rule" regarding conflicts of interest. Applicants further acknowledge and agree that no employee, agent, representative, or subcontractor of applicant who may be in the position to participate in the decision-making process of applicant or its subcontractors may derive an inappropriate personal or financial interest or benefit from any activity funded through this agreement, either for himself or for those with whom he has family business ties.

M. ENVIRONMENTAL TOBACCO REGULATIONS:

Applicant certifies that it will comply with applicable provisions of the Pro-Children Act of 1994 (20 U.S.C. § 6081 et seq.), which require that smoking not be permitted in any portion of any indoor facility owned, leased, or contracted for by contractor and which is used routinely or regularly for the provision of health, day care, education, or library services to children under the age of eighteen (18) years, if the services are funded by federal programs either directly or through states or local governments by federal grant, contract, loan, or loan guarantee. This provision shall not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment.

CERTIFICATION STATEMENT AND SIGNATURE

Grantee Name:

In order for your agency to be considered to receive funding through this AFF, the following certification statement must be SIGNED BY THE INDIVIDUAL AFFILIATED WITH YOUR AGENCY WHO IS AUTHORIZED (in your by-laws) TO SIGN YOUR AGREEMENT.

This certification must be submitted with all proposal materials.

I have read the request for proposal materials and understand the intent, limitations, and requirements of services purchased through this proposal and the contractual requirements of the State.

I hereby certify that all program information in the program proposal forms are true and correct and accurately reflects the agency's program. I understand and will comply with the programmatic contractual requirement placed upon this Agency if we are awarded funding through this AFF.

I hereby certify that the FY'07 and FY '08 projected financial narratives are true and accurately reflect the agency's projected cost for each year of service delivery.

Signature:

Name: (typed or printed)

Title:

Agency's Legal Name:

Date:

PROGRAM NARRATIVE SECTION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Nine pages, including program narrative information, performance-based options, two financial narratives - one for each year and certification of local approval for nonprofit organizations.

Emergency Shelter funds may be used for:

1. **Essential Services:** Such services include, but are not limited to, those concerned with employment, health, substance abuse, education, child care, transportation, assistance in obtaining other federal, state, and local assistance, and assistance in obtaining permanent housing. Staff salaries that provide direct case management services necessary to offer such services are allowable costs.
2. **Shelter Operating Costs:** These costs include rent, repairs, fuel, security, food, utilities, essential equipment, insurance, staff costs and administrative costs, (who do not provide direct client services). Staff costs who operate the shelter cannot exceed 10% of the total award.
3. **Homeless Prevention Activities:** These activities include, but are not limited to, short term subsidies to defray rent and utility arrearages, security deposits or first month's rent, landlord mediation programs, legal services for indigent tenants, payments to prevent home foreclosure, and other innovative programs and activities designed to prevent the incidence of homelessness.

Program Narrative: The Emergency Shelter program narrative section must contain the following components:

- **Abstract:** This section should clearly and concisely summarize the ESG program for which you are applying for funds.

Needs Statement: This section documents the needs that need to be met or problems to be solved by the proposed program. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should contain necessary local **(not national)** statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems. It should answer the following questions:

1. Identify whom the program will serve including factors that characterize the population.
2. Where is this population located geographically?
3. How will the identified population be referred or directed to your program? Give actual names of the facilities or agencies in your community – no generalities.
4. How is the facility identifying the client's eligibility for mainstream programs? Are they being enrolled in the programs? How are they ensuring the clients get enrolled? (Mainstream programs: e.g., Medicaid, Food Stamps, SSI, Veterans benefits, etc.)
5. How is the facility serving the homeless population who may be requesting service?
6. What actions is the shelter doing to help transition a client to permanent housing?
7. If a person identifies they are homeless but the facility is unable to give them service, how is the staff facilitating with others in the community to verify the client receives help.

8. If a person is charged a fee to stay at the shelter or the transitional housing, how is the fee determined and how is it utilized?

- ❑ Objectives: This section should outline the primary measurable objectives of this project on which evaluation will be based. The Objectives are the “outcomes” of your activities. Objectives should tell: Whom the outcome will affect; what the outcome will be; when the outcome is to be expected to be reached; and how much of an effect it will have. You will need to state how you will plan to measure the outcomes.
- ❑ Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the Objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.
- ❑ Evaluation: This section presents your plan for determining the degree to which Objectives are met and Action Plans are followed. The Evaluation should determine the extent to which the program has achieved its stated Objectives. The section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in evaluation, and describe how evaluation will be used to improve the program.

All agreements will be required to fill out a Semi-Annual and Annual Report per fiscal year. The Semi-Annual will be due in January and the Annual will be due in July. These forms will be on the ESG website for convenience. With regular utilization of HMIS software program, this data will be easy to retrieve when it is needed for these reports.

All agreements will be performance-based. The facilities are required to choose three (3) options out of the 16 choices. It will be required that the agency complete all outcomes that were chosen for the program within the funding year and to meet the percentage goal or above. It is strongly suggested that the options chosen are appropriate to the programs offered by the facility. The facility will need to show documentation of these outcomes by filling out a monthly performance report form and to attach supportive documentation limited to 1-2 pages with first names of clients or alpha coding who met these objectives. A copy of the performance report form is attached and it will also be accessible on the ESG website.

The shelters that meet all their performance based goals by the end of the funding year will be rewarded points on the next ESG application review.

ESG PERFORMANCE BASED OPTIONS

2006-2008

Choose three of the below performance based options. These selected options will be for the Performance Report that is due on the 10th of every month for each fiscal year. The shelter must reach the percentage goal or above by the end of the fiscal year.

Attach the performance report form and a one-two page (1-2) of supported documentation with first names of clients or an alpha/numeric coding. The documentation summary should show support for all three objectives chosen.

Essential Services

1. 85% of the clients will receive information/education materials for their needs and for services within 3-7 days of assessments.
Measurement: Service evidenced by a summary list of those clients devoid of personal identifiers through some numeric or alpha coding.
2. 55% of the adult domestic violence clients will complete a safety plan.
Measurement: Number of victims receiving services as evidenced by the summary list of those clients devoid of personal identifiers through some numeric or alpha coding.
3. 80% of all clients will establish a case/care plan within 7 days of admission (this would include children over 5 years of age for youth institutions).
Measurement: Number of clients serviced evidenced by a summary list within the specified time period devoid of personal identifiers through some numeric or alpha coding.
4. 40% of clients will access transitional or permanent housing upon successful completion from the program (for clients who stay 30 days or more).
Measurement: Number of clients evidenced by a summary list of those clients devoid of personal identifiers through some numeric or alpha coding.
5. 85% will be assisted with an enrollment to an educational and/or job training program.
Measurement: Number of clients evidenced by a summary of those assisted or enrolled.
6. 50% will increase their income or be employed upon exit from the program (for clients who stay 30 days or more in the program).
Measurement: Number of clients evidenced by a summary list of those clients who have met this goal devoid of personal identifiers through some numeric or alpha coding.
7. 85% of clients will be informed and referred to mainstream programs. (E.g. Food Stamps, Medicaid, Medicare, VA benefits, SSI, etc.)

Measurement: Number of clients evidenced by a summary list of those referred devoid of personal identifiers through some numeric or alpha coding.

8. 50% of the transitional residents will move from transitional to permanent housing for families/individuals that stay at least 24 months.

Measurement: Service evidenced by a summary of those clients who have met this goal when discharged devoid of personal identifiers through some numeric or alpha coding.

9. 80% of clients who reside in transitional units will receive case management at least 1 time a month.

Measurement: Service evidenced by a summary of those clients receiving case management devoid of personal identifiers through some numeric or alpha coding.

10. 80% of clients will receive case management/and or counseling at least 1 time a week that stay more than 7 days for emergency shelters.

Measurement: Service evidenced by a number of clients' who received case management devoid of personal identifiers through some numeric or alpha coding.

11. 80% of clients will have established goals and objectives for those who stay 30 days or more.

Measurement: Documentation of clients establishing goals and objectives within 30 days devoid of personal identifiers through some numeric or alpha coding.

12. 50% of the adult clients served will work on a plan to achieve self-sufficiency.

Measurement: Checklist indicating all documents used to prepare the client for self-sufficiency. Services provided should include assessments, budgeting, scheduling, and education to build towards self-sufficiency devoid of personal identifiers through some numeric or alpha coding.

Homeless Prevention/Outreach

13. 85% of clients will have a complete client assessments/intake within 72 hours.

Measurement: Services evidenced by a summary of clients who received the assessment in allotted time devoid of personal identifiers through some numeric or alpha coding.

14. 80% of clients who receive utility, rent subsidies, security deposits or any payments to prevent homelessness will be given a referral or services to credit counseling, budget counseling, employment counseling or to a nutritional service.

Measurement: Services evidenced by a summary of clients who received the homeless prevention funds and proper counseling or referrals devoid of personal identifiers through some numeric or alpha coding

15. Conduct a community outreach program at least one per quarter (four a year).
(Must be speaking engagements or face to face outreach – no mail outs)

Measurement: Service evidenced by a summary of the community outreach.

Operations

16. 50% of the adult clients will participate in evaluating the shelter's services.

Measurement: Number of clients evidenced by a summary list of those who evaluated the shelter devoid of personal identifiers through some numeric or alpha coding.

This Emergency Shelter Grant AFF requires participation in a Homeless Management Information System (HMIS). HMIS is a secure, confidential electronic data collection system that can be used to determine the nature and extent of homelessness. The organization will be required to purchase the software licenses and enter the data in the system on a regular and consistent basis. Funding for HMIS licenses is an eligible activity under ESG.

The Federal Register stated that all recipients of HUD McKinney-Vento Act program funds are expected to participate in an HMIS that includes Emergency Shelter Grants. (See 68 Fed. Reg., 43435) (7/22/2003.) In response to this requirement, the Indiana Coalition on Housing and Homeless Issues (ICHHI) has implemented HMIS in Indiana. For information contact ICHHI http://www.ichhi.org/index.asp?action=programs_hmis_forms or call 317.636.8819 before submitting your ESG application.

ACCESS TO RECORDS/INSPECTIONS. The Grantee shall, without prior notice and at any time; permit HUD or its representatives, the General Accounting Office or its representatives, and the Indiana Family and Social Services Administration or the State Auditor to examine, audit, and/or copy **so long as no identifiable data about persons who receive service is released** (See 68 Fed. Reg., 43450) (7/22/2003) (1) any plans and work details pertaining to the program, (2) all of the applicant's books, records and accounts, and (3) all other documentation or materials related to this Contract; the applicant shall provide proper facilities for making such examination and/or inspection. The applicant, upon request, will provide aggregate data about services related to persons who receive services.

- The applicant shall provide FSSA all necessary records, data, information, and documentation required for FSSA to carry out its obligations under the Grant Agreement.
- The applicant agrees to submit client demographic information as required by the U.S. Department of Housing and Urban Development via a Homeless Management Information System (HMIS). All information reported to FSSA or ICHHI will only contain aggregate data and will not contain person identifying information.
- The applicant agrees to participate in the HMIS within six months of the HMIS becoming available in the Grantee's Continuum of Care Region. (See Fed. Reg. 68, 43431 7/22/2003). **The applicant agrees to enter data into the HMIS program on a regular and consistent basis.**
- The applicant will use one of two HMIS systems; AWARDS by Foothold Technology or ClientTrack by DSI (for those who Grantees in Marion County Only) for reporting the data.

Hoosier Management Information System Rate Card				
Effective November 1, 2005				
Agencies Required / Encouraged by HUD to Use HMIS				
Number of Users	Setup Fee	Training Fee	Annual Fee Year 1	Annual Fee Year 2
1	0	0	250	250
2	0	0	500	500
3	0	0	620	620
4	0	0	740	740
5	0	0	860	860
6	0	0	980	980
7	0	0	1,100	1,100
8	0	0	1,220	1,220
9	0	0	1,340	1,340
10	0	0	1,460	1,460
More than 10	0	0	Contact ICHHI	Contact ICHHI
Note: Some fees may be reduced or waived in certain situations.				
For more information, please email ICHHI at info@ichhi.org				

Financial Narrative: (Use enclosed form and see attached instructions. Complete the form for State Fiscal Year 2007 and State Fiscal Year 2008) This Financial Narrative is for the Emergency Shelter Grant Program only. Do not include the entire budget for your agency. Indicate on any or all of the line items the amount you propose to spend in those areas. The instructions for completing the Financial Narrative are on the next page. Under Operations, Shelter Staff is the salary for personnel that actually operate the shelter and it cannot exceed 10% of the total funding award. Equipment Costs are for purchases that **exceed** \$5,000 per unit, i.e. if a computer is purchased for \$2,000 it is **not** equipment, it is noted under office supplies. **The Financial Narrative is completed for the amount of Emergency Shelter funds you are requesting.** After the proposal review and awards are announced, another Emergency Shelter Grant **Budget Form** will be mailed along with the contract agreement. The Budget Form should be completed using the revised funding amount that was rewarded.

FILL OUT A FINANCIAL NARRATIVE FOR EACH YEAR (2)

ESG Certification of Local Approval for Nonprofit Organizations: (Signed by a local elected official). Use the attached form. This form is a **required document** for receiving ESG funding.

**INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
HOUSING AND COMMUNITY SERVICES SECTION**

Emergency Shelter Grant

FINANCIAL NARRATIVE

DATE	GRANTEE NAME	GRANT YEAR	FEDERAL ID#
BUDGET PERIOD 6000/114100	THRU	SERVICE CODE: 0306	ACCOUNT #

ESSENTIAL SERVICES			
CHILD CARE	\$	JOB TRAINING	\$
CLOTHING	\$	MEDICAL/DENTAL	\$
EDUCATION	\$	SUPPORTIVE TRANSPORT	\$
FOOD PANTRY	\$	OTHER COSTS	\$
HOUSING PLACEMENT	\$	SUBTOTAL	\$
OTHER COSTS (Specify) _____			

OPERATION SERVICES			
SHELTER STAFF	\$	(NO MORE THAN 10% OF AWARD)	
BLDG./GROUND MAINT	\$	POSTAGE	\$
CLEANING SUPPLIES	\$	RENT	\$
COMMERCIAL SPACE	\$	SHELTER SUPPLIES	\$
ELECTRIC	\$	TELEPHONE – OFFICE	\$
EQUIPMENT	\$	TELEPHONE – SHELTER	\$
FOOD/COOKING	\$	TOILETRY ITEMS	\$
GAS	\$	TRASH REMOVAL	\$
INSURANCE	\$	WATER/SEWAGE	\$
OFFICE SUPPLIES	\$	OTHER COSTS	\$
HMIS SOFTWARE FEES	\$	SUBTOTAL	\$
HMIS Required Usage to receive funds			
EQUIPMENT AND OTHER COSTS (Specify) _____			

HOMELESS PREVENTION			
LANDLORD/MEDIATION	\$	SECURITY DEPOSITS	\$
LEGAL SERVICES	\$	UTILITY ASSISTANCE	\$
RENT/MORT. ASSISTANCE	\$	OTHER COSTS	\$
		SUBTOTAL	\$
OTHER COSTS (SPECIFY) _____			

TOTAL

INDIANA FAMILY AND SOCIAL SERVICES

HOUSING AND COMMUNITY SERVICES SECTION

EMERGENCY SHELTER GRANT FINANCIAL NARRATIVE INSTRUCTIONS

Please type.

GRANTEE NAME - Enter in agency's name as registered with the Secretary of State's Office.

FEDERAL ID - Enter the agency's nine digit federal identification number.

ESSENTIAL SERVICES - Enter by item the amount to be spent in this line item. Enter the total on the budget summary. Specify any Other Costs. Note: Supportive Transport is transport of the client so that the client may receive support services. Essential is costs which are supportive in nature include, but not limited to, child care, clothing, substance abuse counseling, education, food pantry charges, housing placement, job training, medical and psychological counseling, health, and client transportation and staff salaries necessary to provide the above services.

OPERATIONS - Enter by item the amount to be spent in this line item. Enter the total amount on the budget summary. Specify any Equipment Purchases and Other Costs. Note: Staff includes person(s) who actually operate the shelter (this amount cannot exceed 10% of the total award). Telephone - Shelter is the phone located in the shelter for clients. Telephone - Office is the phone for the shelter's administrator and shelter staff. Shelter Supplies includes bedding, linens, towels, etc. Cleaning supplies are for the clients only. Toiletries are those personal hygiene items given to clients. Food/Cooking includes food and cooking supplies such as pots and pans. Bldg./Ground Maintenance is for the shelter only. Equipment is defined as those items with a unit cost greater than \$5,000 and a life expectancy of one or more years. Commercial Space is the cost to put a client in temporary accommodations such as a hotel or other non-shelter site. Operations costs such as, but not limited to: maintenance, operation, insurance, utilities and furnishings, rent, repairs, security, fuel, and equipment.

HOMELESS PREVENTION - Enter by item those costs for the provision of homeless prevention activities. Specify Other Costs. Homeless Prevention for costs such, but not limited to, short term subsidies to defray rent and utilities costs, security deposits for first month's rent, and mediation for landlord tenant disputes or other innovative programs and activities designed to prevent the incidence of homelessness.

EMERGENCY SHELTER GRANT PROGRAM

CERTIFICATION OF LOCAL APPROVAL FOR NONPROFIT ORGANIZATIONS

I, _____
Name and Title (local elected official)

duly authorized to act on behalf of the

Name of the Jurisdiction

Hereby approve the following project(s) proposed by

Name of Nonprofit

Which is (are) to be located in

Name of Jurisdiction

Projects: _____

By: _____
Typed Name and Title

Signature

Date